



December 24, 2018

Web Announcement 1785

## Clarification of Intensive Outpatient Program (IOP) Codes and Guidelines

Attention provider type (PT) 14 (Behavioral Health Outpatient Treatment) and PT 17 (Special Clinics) specialty 215 (Substance Abuse Agency Model (SAAM)): Please refer to the separate billing guidelines per your provider type. The revisions to [Medicaid Services Manual \(MSM\) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services](#) on August 1, 2018, that referenced PT 14 to clarify service limitations for Intensive Outpatient Program (IOP) do not apply to PT 17 specialty 215.

### **Intensive Outpatient Program (IOP) Definition**

IOP is a comprehensive, intensive, outpatient program model that includes: outpatient mental health services, rehabilitative mental health services, diagnostic testing and evaluations including neuropsychological testing, lab tests including drug and alcohol tests, medication management, medication training and support, crisis intervention and supplies. IOP requires the availability of 24/7 psychiatric and psychological services.

These services may not be billed separately as IOP is an all-inclusive rate and billing of the above-mentioned services would be considered a duplication of services.

To provide further clarifications per the following provider types, please review the information below:

<b>Provider Type 14 Behavioral Health Outpatient Treatment</b>		
<b>Service Code</b>	<b>Description</b>	<b>Billing information</b>
S9480	Intensive outpatient psychiatric services, per diem.	Billing instructions: One unit equals 1-day, Level III and above <a href="https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_Guidelines_PT14.pdf">https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_Guidelines_PT14.pdf</a>

Please refer to MSM 400, section 403.4 (D)(2).

<b>Provider Type 17 Special Clinics Specialty 215 Substance Abuse Agency Model (SAAM)</b>		
<b>Service Code</b>	<b>Description</b>	<b>Billing information</b>
H0015	Intensive outpatient psychiatric services, per diem.	Billing instructions: One unit equals 1-day, Level 2.1 only <a href="https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_Guidelines_PT17_Spec215.pdf">https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_Guidelines_PT17_Spec215.pdf</a>

Please refer to MSM 400, Attachment B and Attachment C for Substance Abuse Agency Model (SAAM).